Name in Full: Bobby P. Adam

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Snow Hill — County: Worcester

Date of death 1904: Month: Jan — Day: 5 — Age: Years: — Months: 5 — Days: 26

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: G. W. Adam — Father's Birthplace: Md

Mother's Maiden Name: Ida Bailey — Mother's Birthplace:

Name of person giving information: G. W. Adam — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Measles Post Pharyngeal — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Sydonie Atkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: 4 — Day: 10 — Years: Age 61 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of Wife ~~or Husband~~: Julia Jones

Father's Name: Wm S Atkins — Father's Birthplace: Md

Mother's Maiden Name: Martha Davis — Mother's Birthplace: Md

Name of person giving Information: C J Evans — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: American Legalized Liquor Traffic. — How long: 5 years

Immediate: Drankard due to drink — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

~~Accident or Suicide~~

LIBRARY BUREAU A80010

Name in Full: Cora E. Allen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Pocomoke City (County) Worcester

Date of death 1904 (Month) April (Day) 9 — Age (Years) 42 (Months) – (Days) 17

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: 5

Married, Single or Widowed: married — Name of Wife or Husband: John W. Allen

Father's Name: Lemuel Hancock — Father's Birthplace: Maryland

Mother's Maiden Name: Estie A. Bonneville — Mother's Birthplace: Maryland

Name of person giving Information: John W. Allen — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophic Cirrhosis — How long: about 1½ yrs

Immediate: Exhaustion — How long: 72 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Wilson M. D.

Address: Pocomoke City.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Sidney Burns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City. County: Worcester

Date of death: 1904 Month: April Day: 29

Age: Years 68 Months 6 Days 8

Sex: male Color or Race: white Birthplace: Maryland

Occupation: Merchant Where Residing if not at place of death: —

Married, Single or Widowed: Widowed Name of Wife or Husband: Henrietta Burns

Father's Name: John S. Burns Father's Birthplace: Maryland

Mother's Maiden Name: Matilda Powell Mother's Birthplace: Va.

Name of person giving Imformation: Amelia C. Powell How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La-Grippe - Herpes Zoster How long: 3 months

Immediate: Collapse How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Wilson, M.D.

Address: Pocomoke City.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Thuldy Briddell

CERTIFICATE OF DEATH

MARYLAND

Died at: Berlin — Town: Berlin — County: Worcester

Date of death 1904: Month: April — Day: 4 — Years: Age 65 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jerry Pitts — Father's Birthplace: Maryland

Mother's Maiden Name: Margrete Pitts — Mother's Birthplace: Maryland

Name of person giving Imformation: Fiji Thudsun — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Valvular disease of heart — How long: Several years

Immediate: Hydro Pericardium & Failure — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C W Dickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Emily F. Dixon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin — County: Worcester

Date of death: Month: Apr. — Day: 8 — Year: 1904 — Age: Years: 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: No occupation — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: Robt. Dixon

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Jno. W. Pitts. — How related to deceased: No.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes — How long

Immediate: Diabetes — How long: 1 Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. W. Pitts

Address: Berlin, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Zadoc Johnson Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke City — County: Worcester

Date of death: 1904 — Month: April — Day: 23d. — Age: Years: 76 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Retired Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs. Sally Hall

Father's Name: Benjamin Hall — Father's Birthplace: Md.

Mother's Maiden Name: Angelia Jones — Mother's Birthplace: Md.

Name of person giving Imformation: Julius F. Hall — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Emphysema — How long: 3 Mos & 11

Immediate: Exhaustion — How long: 48 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius F Hall M.D

Address: Cheriton Virginia

J.W. Wilson M.D

~~Accident or Suicide~~? Pocomoke City

LIBRARY BUREAU A88318

Name in Full: Mary Henry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: Month: 4 — Day: 29 — 1904

Age — Years: 43 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Irving Henry

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Ariel Roffin — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gen - Debility — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. P. Henry

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A86016

Name in Full: Katurah F. Hillman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke city; County: Worcester

Date of death: 1904; Month: April; Day: 21

Age: Years: 62; Months: 3; Days: 10

Sex: Female; Color or Race: White; Birthplace: Worcester County Maryland

Occupation: Housewife; Where Residing if not at place of death: Pocomoke city

Married, Single or Widowed: Married; Name of Wife or Husband: Ephraim Hillman

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Ardis; Father's Birthplace: Worcester Co

Mother's Maiden Name: Louisa Ardis Roth; Mother's Birthplace: New Jersey

Name of person giving Imformation: Ephraim Hillman; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus; How long: 2 yrs

Immediate: General exhaustion; How long: several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. N. Willis

Address: Pocomoke City Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sallie Hudson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton; County: Worcester

Date of death 1904: Month: April; Day: 13; Years: Age 77; Months; Days

Sex: Female; Color or Race: White; Birthplace: Worcester Co.

Occupation: Domestic; Where Residing if not at place of death: —

Married, ~~Single or Widowed~~; Name of Wife or Husband: M. S. Hudson

Father's Name: Levin Bottingham; Father's Birthplace: Worcester Co

Mother's Maiden Name: Harriet Lindsay; Mother's Birthplace: " "

Name of person giving Imformation: Joshua Hudson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Regurgitation; How long: 2 yrs

Immediate: Coma; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno D Dickerson

Address: Stockton Worcester Co Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8816

Name in Full: Ollie M. Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Green Snow Hill — County: Worcester

Date of death: Month: April — Day: 23 — 1904 — Age: Years: 21 — Months: 8 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: Married — Name of ~~Wife or~~ Husband: Henry Jackson

Father's Name: Elija Parker — Father's Birthplace: Md

Mother's ~~Maiden~~ Name: Annie Parker — Mother's Birthplace: Md

Name of person giving Information: Henry Jackson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Typhoid fever — How long: 8 days

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W. T. Hearn

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Edward T Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Pocomoke city (County) Worcester

Date of death 1904 Month April Day 24 Age Years 68 Months Days

Sex Male Color or Race White Birthplace Worcester Co

Occupation Blacksmith Where Residing if not at place of death Pocomoke city

Married, Single or Widowed Married Name of Wife or Husband Clara Duer nee Bohm

Father's Name Jones Father's Birthplace Worcester Co

Mother's Maiden Name Sallie Whittingham Mother's Birthplace " "

Name of person giving Imformation 64 How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Brights Disease & Apoplexy How long one year

Immediate Paralysis How long 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Sayd S Purnell

Address Pocomoke city Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Henry Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Berlin (Town) — County: Worcester

Date of death: 1904 — Month: April — Day: 13 — Years: 54 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Caroline Jones

Father's Name: Edward Johnson — Father's Birthplace: Md

Mother's Maiden Name: Caroline Jones 90 — Mother's Birthplace: Md

Name of person giving Information: Lyzie Thornell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: Several years

Immediate: Bronco Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C W Dickerson

Address: Berlin

Accident or Suicide? —

LIBRARY BUREAU AB3016

Name in Full: Riley Massey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Berlin — County:

Date of death: Month: 4 — Day: 28 — Year: 1904 — Age: 75 — Months: — Days:

Sex: Male — Color or Race: Blk — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband:

Father's Name: — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving Imformation: Mary Massey — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: Year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J. P. Henry

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A89816

Name in Full: John Wilds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill — County: Worcester

Date of death: 1904 — Month: April — Day: 30. — Years Ago: 2 5 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: colored — Birthplace: Middletown Md

Occupation: laborer. — Where Residing if not at place of death: Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Hayward

Father's Name: Westley Wilds — Father's Birthplace: Md

Mother's Maiden Name: Laura Manual — Mother's Birthplace: Md.

Name of person giving information: Nellie Martin — 93 — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemoptysis. — How long: 12 months

Immediate: Pneumonia — How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr Paul Jones

Address: Snowhill Maryland

Accident or Suicide? Comnty

Worcester.

LIBRARY BUREAU A88618

Name in Full: Carrie Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: Apr. — Day: 25 — Years: Age ## — Months: 11 — Days:

Sex: Female — Color or Race: Black — Birthplace: Berlin

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Wm Miller — Father's Birthplace: Berlin Md

Mother's Maiden Name: Mary Purnell — Mother's Birthplace: Berlin Md

Name of person giving Imformation: Jno. Dietts. — How related to deceased: None

1904

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: a few days

Immediate: Acute Indigestion — How long: a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. W. Dietts

Address: Berlin. Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Isaac Mills

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Pocomoke City — County: Worcester

Date of death: Month: April — Day: 1 — Years: Age 91 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: Mary Manuel

Father's Name: Dont Know — Father's Birthplace: Worcester Co

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Imformation: Julius Kerrigan — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abcess of Ear — How long: 4 Weeks

Immediate: Inflamation of Brain — How long: five days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Loyal Lewis

Address: Pocomoke City, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Bettinien child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylorsville — County: Worcester

Date of death: 1904 — Month: April — Day: 22

Age — Years: — Months: — Days: 1

Sex:

Color or Race: White

Birthplace: Taylorsville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Bellymon

Father's Birthplace:

Mother's Maiden Name: Anne Phillips

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mother having Eclampsia

How long:

Immediate: Podalic Version

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Eb Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Stephen Henry Quinn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oconomoke City — County: Worcester

Date of death: 1904 — Month: April — Day: 12 — Age: Years 62 — Months — — Days —

Sex: male — Color or Race: Colored — Birthplace: Maryland

Occupation: laborer — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: Margaret Savage

Father's Name: Henry Quinn — Father's Birthplace: Maryland

Mother's Maiden Name: Maria Young — Mother's Birthplace: Maryland

Name of person giving Imformation: John F. Quinn — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prostatitis — How long: 3 months

Immediate: Hemorrhage — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Williams M.D.

Address: Oconomoke City

Accident or Suicide? —

LIBRARY BUREAU A85618

Name in Full: Jennie Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Roanoke City — County: Worcester

Date of death: Month: 4 — Day: 13 — 1904 — Age: Years: 43 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co. Md.

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: James H. Roberts

Father's Name: Joshua Broughton — Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Ester Stevens — Mother's Birthplace: Somerset Co Md

Name of person giving Imformation: James H. Roberts — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirhosis of liver — How long: 4 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. La Hare

Address: Roanoke City Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Ethelena Timmons

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Snow Hill; County: Worcester

Date of death: 1904 Month: April Day: 17

Age: Years: — Months: 8 Days: 17

Sex: female Color or Race: White Birthplace: near Snow Hill

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William E. Timmons — Father's Birthplace: Md.

Mother's Maiden Name: Georgia Purnell — Mother's Birthplace: Md.

Name of person giving information: William E Timmons — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental shot wound of abdomen — How long: 1/2 day

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide? Accident

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LIBRARY BUREAU A33316

Name in Full: Jane Ann Wharton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton | County: Worcester

Date of death: 1904 | Month: April | Day: 6th | Age: Years: 86 | Months: 6 | Days: 28

Sex: Female | Color or Race: white | Birthplace: Worcester Co

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Widow | Name of Wife or Husband: Porter E. Wharton

Father's Name: Rouse Purnell | Father's Birthplace: Worcester Co

Mother's Maiden Name: Sallie Duncan | Mother's Birthplace: " "

Name of person giving Information: Z.P. Wharton | How related to deceased: Son

1904

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion | How long: one week

Immediate: Congestion of Lungs | How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D J Parker

Address: Stockton, Maryland

Accident or Suicide?

LIBRARY BUREAU A8581G